## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10849253

| CLAIMS AS FILED - PAR (Column 1)  |  |                       |               |                                 | -                   | lumn 2)                           |          | SMALL ENTITY TYPE |               |          | OTHER THAN R SMALL ENTITY |                  |
|---|--|-----------------------|---------------|---------------------------------|---------------------|-----------------------------------|----------|-------------------|---------------|----------|---------------------------|------------------|
| TOTAL CLAIMS  |  |                       |               | 20                              |                     |                                   |          | RATE              | FE            |          | RATE                      |                  |
| FOR   |  |                       | NUMB          | NUMBER FILED                    |                     | NUMBER EXTRA                      |          | BASIC F           | EE 385.       | 00 OF    | BASIC FE                  | <del></del>      |
| TOTAL CHARGEABLE CLAIMS   |  |                       | 20            | 26 minus 20=                    |                     | . 0                               |          | XS 9=             |               | OF       | XS18=                     | 0                |
| INDEPENDENT CLAIMS  |  |                       | 3             | 3 minus 3 =                     |                     | 0                                 |          | X43=              | <u> </u>      | $\neg$   | You                       | 0                |
| ٨   | MULTIPLE DEP                                   | ENDENT CLAIM          | PRESENT       | RESENT                          |                     |                                   |          |                   | ╅──           |          |                           |                  |
| * If the difference in column 1 is less than zero, enter "0" in colu  |  |                       |               |                                 |                     | column 2                          | ' i      | +145=             |               | OR       | L                         | 0                |
|   | CLAIMS AS AMENDED - PART II                    |                       |               |                                 |                     |                                   |          | TOTAL             | <u> </u>      | OR       |                           | 170              |
| _   |  | (Column 1)            |               | (Colum                          |                     | (Column 3)                        |          | SMALL ENTITY      |               |          |                           | R THAN<br>ENTITY |
|   |  | CLAIMS                |               | HIGHE                           | ER                  | PRESENT<br>EXTRA                  |          | RATE              | 1 4 5 5       | _        | RATE                      | <del></del>      |
| AMENDMENT A   |  | REMAINING<br>AFTER    |               | NUMB<br>PREVIO                  |                     |                                   |          |                   | ADDI<br>TIONA | •        |                           | ADDI-<br>TIONAL  |
|   |  | AMENDMENT             | <u> </u>      | PAID F                          |                     |                                   |          |                   | FEE           |          |                           | FEE              |
|   | Total  | •                     | Minus         | **                              |                     | =                                 |          | X\$ 9=            |               | OR       | X\$18=                    |                  |
|   | Independent                                    | *<br>ENTATION OF M    | Minus         | FRENDENT.                       | C1 A114             | ]=                                |          | X43=              |               | OR       | X86=                      |                  |
|   | 1  | ZIVIANON OF N         | IOCAPEE DI    | EPENDENT                        | CLAIM               |                                   |          | +145=             |               | OR       | +290=                     |                  |
|   |  |                       |               |                                 |                     |                                   | L        |                   | 1             | احوا     |                           |                  |
|   |  |                       |               |                                 |                     |                                   |          | TOTAL             |               | OR       | TOTAL                     |                  |
|   |  | _                     |               |                                 |                     |                                   | ΑĽ       | DIT. FEE          | <u> </u>      | <b>_</b> | ADDIT. FEE                |                  |
|   |  | (Column 1)            |               | (Columi                         |                     | (Column 3)                        |          |                   |               |          |                           |                  |
| œ   |  | CLAIMS<br>REMAINING   | 1 .           | HIGHE                           |                     |                                   |          |                   | ADDI-         | 7 [      |                           | ADDI-            |
|   | 1  | AFTER                 | 1             | NUMBE                           |                     | PRESENT                           |          | RATE              | TIONAL        | 1 1      | 0.75                      |                  |
|   |  | AMENDMENT             | [             | PREVIOU PAID FO                 |                     | EXTRA                             |          | DAIE              |               | 1 1      | RATE                      | TIONAL           |
|   | Total  |                       | Minus         |                                 | <u> </u>            | =                                 | $\vdash$ | V.C. O.           | FEE           | 1 }      | 7000                      | FEE              |
| <b>AMENDMENT</b>  | Independent                                    |                       | Minus         | ***                             |                     |                                   |          | X\$ 9=            |               | OR       | X\$18=                    |                  |
| ₹   | FIRST PRESE                                    | NTATION OF MI         | JLTIPLE DE    | PENDENT C                       | LAIM                |                                   |          | X43=              |               | OR       | X86=                      |                  |
|   |  |                       |               |                                 |                     |                                   |          | 145=              |               | OR       | +290=                     |                  |
|   |  |                       |               |                                 |                     |                                   |          | TOTAL<br>DIT. FEE |               | OR A     | TOTAL<br>DDIT. FEE        |                  |
|   |  | (Column 1)            |               | (Column                         | 2)                  | (Column 3)                        |          |                   |               |          |                           |                  |
|   | `  | CLAIMS                |               | HIGHES                          |                     | 90.01 0)                          | <u> </u> |                   |               |          |                           |                  |
| ا ا   |  | REMAINING             |               | NUMBER                          | R '                 | PRESENT                           | 1        | ŀ                 | ADDI-         | 1        |                           | ADDI-            |
|   |  | AFTER                 |               | PREVIOUS                        | 1                   | EXTRA                             | F        | RATE              | TIONAL        |          | RATE                      | TIONAL           |
| <u> </u>  |  | AMENDMENT             |               | PAID FO                         | R                   |                                   |          |                   | FEE           |          |                           | FEE              |
|   | Total  | •                     | Minus         | **                              |                     | =                                 | X        | \$ 9=             |               | OR       | X\$18=                    |                  |
|   | Independent                                    | •                     | Minus         | Print                           | - 1                 | =                                 | <b>!</b> | 43=               |               | - I      |                           |                  |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                       |               |                                 |                     |                                   |          |                   |               | OR       | X86=                      |                  |
| ı If  | the entry in colum                             | nn 1 is less than the | entry in colu | mn 2 write "A"                  | in col              | ma 3                              | +1       | 45=               |               | OR       | +290=                     |                  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE |  |                       |               |                                 |                     |                                   |          |                   |               |          |                           |                  |
| T   | he *Highest Num                                | ber Previously Paid   | For (Total or | o opace is les<br>(independent) | is then<br>is the h | 3, enter "3,"<br>ighest number fo |          |                   | poriate ho    |          |                           |                  |
|   |  |                       |               |                                 |                     |                                   | N        |                   |               |          | <del>~</del> , .          |                  |